APPLICATION FOR RECORDS RETENTION SCHEDULE

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Department of Medical Assistance 1010 West Peachtree Street, N.W. Atlanta, Georgia 30367	Application Number **82-77**
Application Number		Date Received **APR 1 5 1982** / Date Completed **APR 2 3 1982**

2. Person to Contact Frankie Bradley   **Working Title** Office Supervisor   **Telephone Number** 894-4994

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series

Earliest	Latest	**5. Records Series Title** *(followed by title used in office; if different)*
1977	Present	Medicaid Provider Agreement File

6. Division and Office Function   What is the function of the Division and the Office in which this record series is created?

The Program Operations Division is responsible for preparing and adjudicating Medicaid claims for payment. This is accomplished by coodinating the claims processing, provider, recipient and reference sub system of the Medicaid Management Information System (MMIS) in ensuring that the processing and payment of claims are made within Federal and State regulations; maintaining a close relationship with DOAS in relation to the data processing services they provide; expediting the payment and/or rejection of claims in "suspense" due to program edits; and identifying system and programming problems which cause backlogs or erroneous payments and recommeding solutions to these problems. The Provider Enrollment Officer is responsible for maintaining and updating Medicaid Provider's records concerning their legal agreement to participate in the Georgia Medicaid Program and supporting documentation.

7. Record Series Description   This file contains the following documents *(include form numbers and titles, if any):* Attach samples of the file.

Documents relating to: Maintaining and updating records of Medicaid Provider's agreement to participate in the Georgia Medicaid Program.

Included but not limited to are: DMA-253 Statement of Participation Agreement, Nursing Home and Hospital Ownership Agreement, Tape to Tape agreement signature authorization, change of location, or address, change of category of service, Power of Attorney designee Nursing Home certification and transmittals, Ind. Lab and O. P. licences Medicare certification, terminations, and related correspondence

File is arranged: Alphabetically by Provider name

8. Monthly Reference Rate   How often are records referred to which are:

One to six months old _daily_ ; Seven to twelve months old _2_ ; Thirteen to twenty-four months old _1_ ; twenty-five months and older _none_ ?

9. Annual Rate of Accumulation of Records

Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other *(specify)* _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
X		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? Provider Agreement Only
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	4 years.
b. Statute of limitation	_____ years.	e. Administrative need	4 years.
c. Federal law	4 years.	f. Federal retention instructions	4 years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions — This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal year; ☐ Other _____ then,

☐ Hold in the current files area _____ month(s) _____ year(s); then
☐ Transfer to local holding area, hold _____ year(s); then
☐ Transfer to State Records Center; hold _____ year(s); then
☐ Destroy.
☐ Transfer to State Archives for permanent retention.
☒ Other (Specify) Remove file in its entirety upon provider's termination from Georgia Medicaid Programs Place in In-Active file, Cut-off In-Active at the end of each fiscal year, hold one year in current files area, then transfer to State Records Center, hold three years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Karl E. Hoenes	12/21/81	Ralph N. Howell	12/18/81

Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
	State Auditor/Designee	[signature]	4-20-82
	Secretary of State/Designee	Carrell Hart	4-19-82
	Attorney General/Designee	[signature]	4-11-82